

# NATIONAL PERFORMANCE REPORT AND MEDIGAP ENFORCEMENT SYSTEM

## **NPRMES USER MANUAL**

**by Virginia Department for the Aging**

**Revised 5/22/2006**

**VICAP**

*Virginia Insurance Counseling and  
Assistance Program*

**SHIP**

*State Health Insurance Information,  
Counseling and Assistance Program*

*National Performance Report and Medigap Enforcement System*

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## INTRODUCTION

Welcome to the National Performance Report and Medigap Enforcement System, or as we affectionately refer to it NPRMES (“NipperMess”). This system was designed to automate the recording of SHIP client contact information. You will no longer need to create and keep paper copies of client information or submit monthly aggregated counts to the state office. **However, all clients for the previous month should be entered into the system by the 12<sup>th</sup> of the following month.**



Prior to using the system for the first time, all users must complete a User Security Access Agreement. This agreement provides the guidelines for creating a password and maintaining the security of that password. Your NPRMES administrator will provide you with the User Security Access Agreement, your user id and your initial password. A copy of the Administrator and User Security Agreements can be found on the VICAP page of the VDA website at <http://www.vda.virginia.gov/serviceprograms/vicap.htm> under the Reporting Forms heading. Your administrator will assign a user permission level to you. Your permission level will be set to either “All Records” (allowing you access to all the records of your agency) or at “Own Records” (your records only). These permissions apply to the reports section of the system as well.



This manual includes step-by-step instructions on how to use the NPRMES system, including logging on, changing your password, entering new client contacts, editing existing client contacts, deleting client contacts and generating reports.

Once you have signed a User Security Agreement and your administrator has given you your user id and password, you are ready to use the system.

## GETTING TO NPRMES



There are two ways of getting the to NPRMES home page.

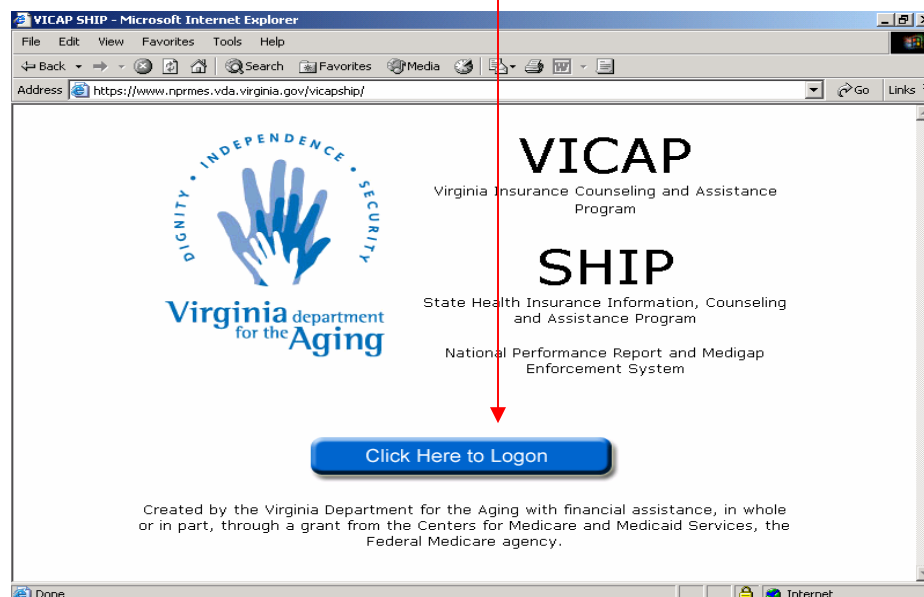
1. You can enter <https://nprmes.vda.virginia.gov/vicapship> in the address bar and this will take you directly to the NPRMES home page. You must enter the URL exactly as shown or you will not be directed to the correct site.
2. From the VDA website, there is a link on the VICAP page that will take you to NPRMES.
  - a. Go to [www.vda.virginia.gov](http://www.vda.virginia.gov)
  - b. Click “Providers”
  - c. Click “Service Provider Information”
  - d. Scroll down the list and click “VICAP”
  - e. Scroll down the list to the Links section and click “NPRMES Logon”

NOTE: It is a good idea to “bookmark”/”Add a Favorite” for the NPRMES home page.

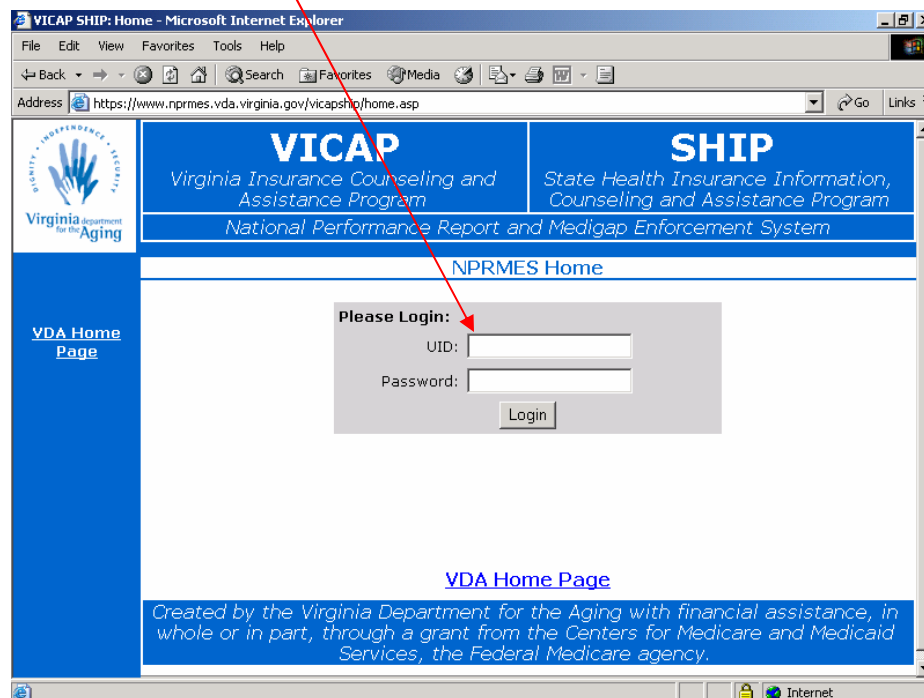
## LOGGING ON



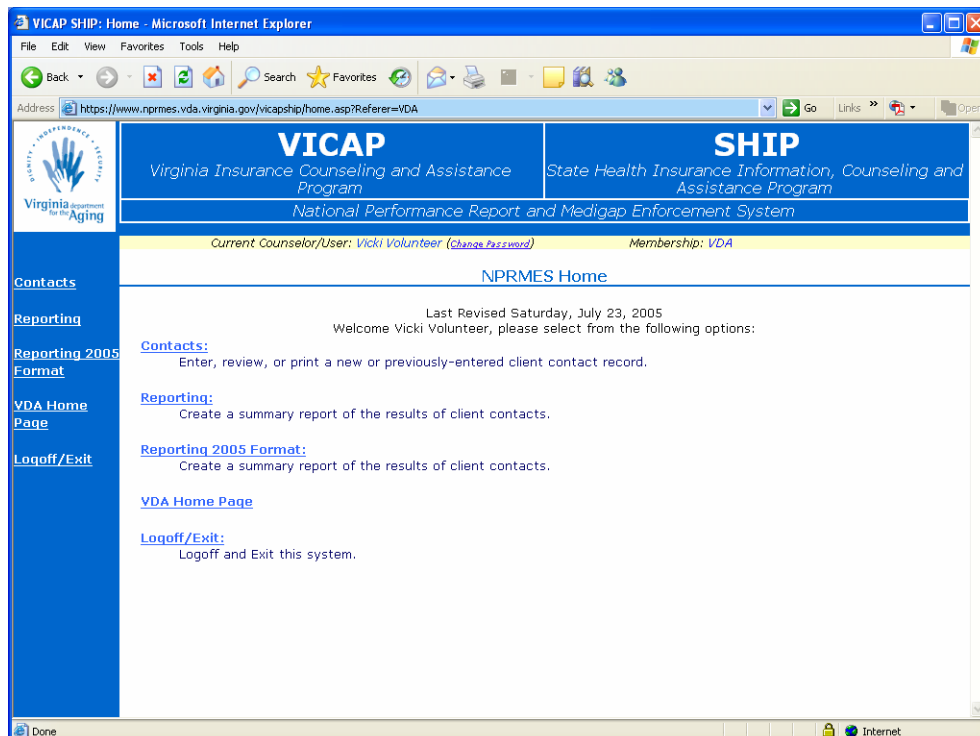
At the NPRMES Home Page, click the logon button. ♦



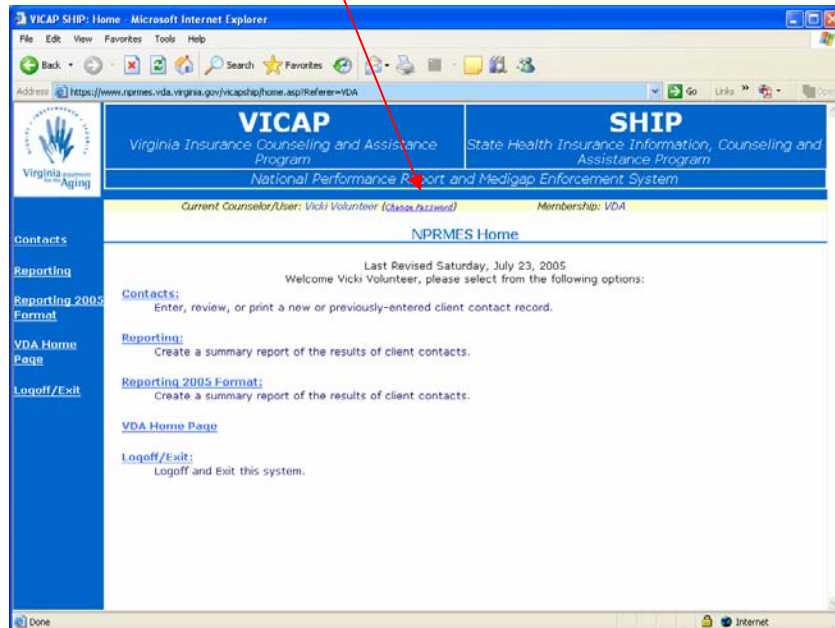
This will take you to the login screen where you will enter the user id and password that were given to you by your administrator.



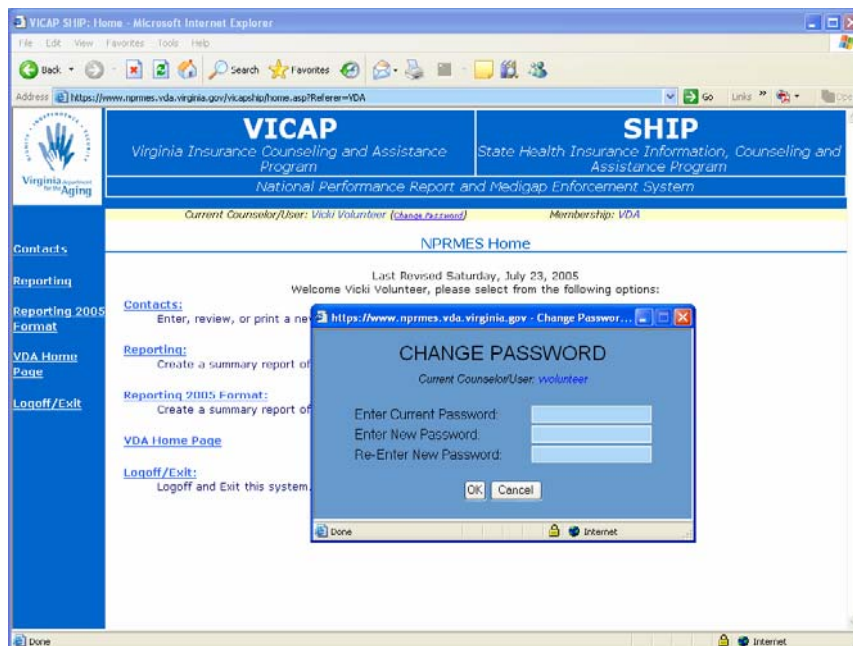
You are now at the NPRMES main menu.



The first time you use the system, you will need to change your password. Click the “Change Password” link next to your name.



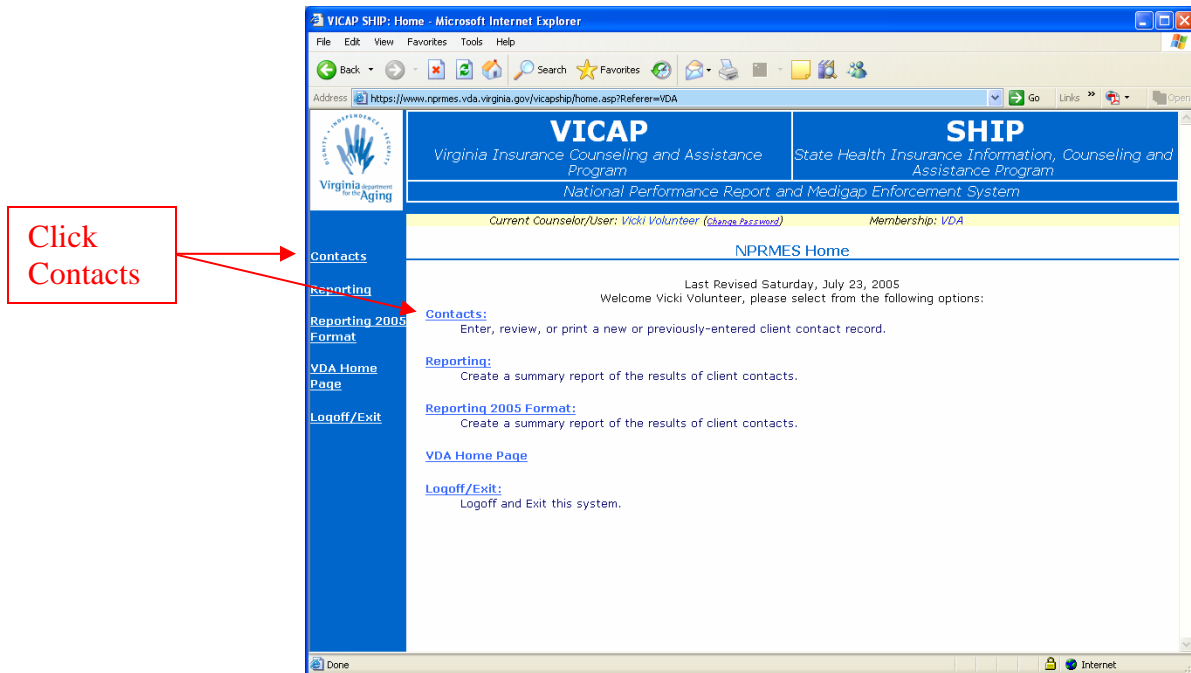
In the Change Password window, enter your temporary password (the one provided to you by your administrator) as the current password, enter your new password, and then enter the new password again to confirm. Click OK. Remember, passwords must be a minimum of 6 characters with at least one special character (~!@#\$%^&\*( )\_+) in positions 2 through 5 and no more than 17 characters in all. User ID's are not case sensitive, but the password is. The system will only allow 5 failed login attempts before automatically disabling your account. **NOTE: If you account is disabled, you must call VDA to be reactivated.**



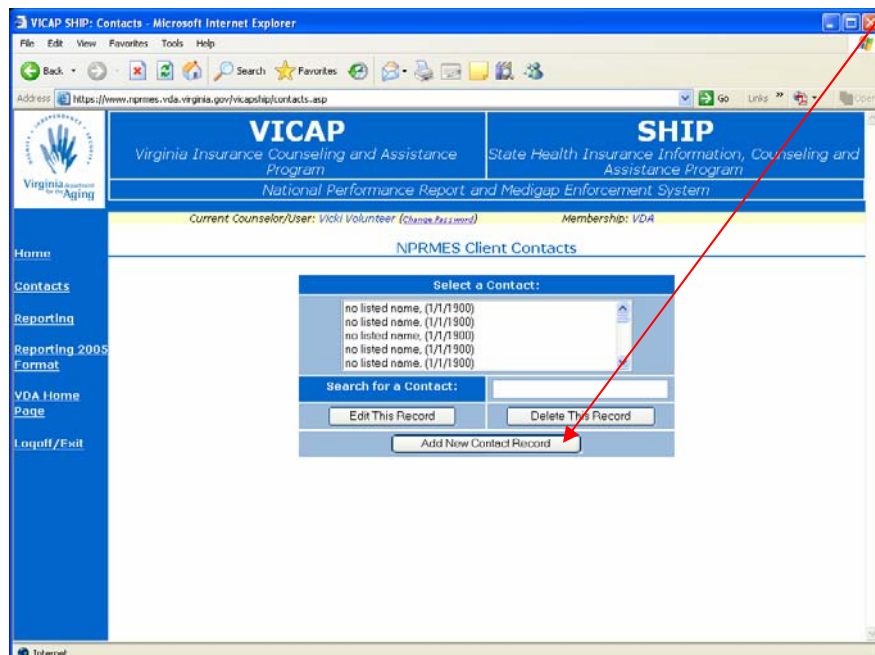
## ENTERING A NEW CONTACT



From the NPRMES Main Page, click on “Contacts.” There are two ways to enter the contact screen (see picture below); both will take you to the same screen.



You will now be at the NPRMES Client Contacts screen. Click “Add New Contact Record.”



The next screen will be a blank NPRMES Client Contact Form. The first section of this form is the Contact Information section.

There are five required fields in this section.

1. The Counseling Location Zip Code
  - a. Must be five digits, do not enter zip + 4 entries.
2. The Counseling County
  - a. The appropriate county is chosen from a drop down menu of choices.
3. The Initial Contact Date
  - a. The date must be valid (no future dates).
  - b. The initial contact date cannot be later than the multiple contact date.
  - c. An initial contact date must exist if a multiple contact date is entered.
  - d. A date older than 45 days will require verification prior to submission but does not generate errors.
4. The Type of Contact
  - a. Choose how the contact was made (quick call, telephone, in-person, email/fax/mail)
  - b. Only one selection can be made
5. Time Spent
  - a. Enter only whole hours and minutes.
  - b. If “Quick Call” is selected as the Type of Contact, a default time of 5 minutes will automatically fill in under time spent. You have the option of changing the time spent to any value between 1 and 10 minutes.



After entering the Counseling Location Zip Code and choosing the Counseling County, enter the type of client or person requesting the information. There are four choices and you may choose all that apply.

Enter the appropriate response for how the client learned about the SHIP. Only one answer can be chosen and the question **must** be answered. If this information is not available, “Not Collected” is already entered as the default value.

Enter the initial contact information; date, type of contact (only one can be chosen), and the time spent assisting the client. If a second contact is needed enter it in the “Multiple Contact Information” section. (If there is more than one additional contact then a new client record will need to be generated.)

Incorrect, incomplete, or missing information in any of the required fields will result in an error message and you will not be able to advance to the next field (see examples below).

This screenshot shows the 'Contact Information' section of the 'NPRMES 2005 Client Contact Form' in a Microsoft Internet Explorer browser window. The 'Counseling Location Zip Code' field contains '1234', which is highlighted in red with the text 'Invalid Zipcode' next to it. The 'Counseling County' field is a dropdown menu, and the 'Type of Client/Assistance' field has a checkbox for 'Beneficiary (Self)'.

This screenshot shows the 'Contact Information' and 'How Did Client Learn About the Ship' sections of the 'NPRMES 2005 Client Contact Form'. The 'Counseling Location Zip Code' is '12345' and the 'Counseling County' is 'ALEXANDRIA'. The 'Type of Client/Assistance Requested by' section has checkboxes for 'Beneficiary (Self)', 'Couple', 'Caregiver (family member, conservator)', and 'Agency'. The 'How Did Client Learn About the Ship' section has radio buttons for 'CMS (1-800-Medicare, www.Medicare.gov, Medicare & You, CMS mailing)', 'Presentation/Fairs', 'State-specific mailing/brochures/posters', 'Agency (senior org., disability org., Social Security)', 'Friend/Relative', 'Media (PSA, ad, newspaper, radio, ect.)', 'Other:', and 'Not Collected'. The 'Initial Contact Information' section at the bottom has a 'Date' field with '08/08/2005', a 'Type of Contact' section with radio buttons for 'Quick Call (< 10 min)', 'Telephone', 'In-Person (site)', 'In-Person (home visit)', and 'Email/fax/postal mail', and a 'Time Spent' section with 'Hours' and 'Minutes' fields.

The second section of the Client Contact Form is labeled Section 1: Beneficiary Information. The beneficiary is the person who is in receipt of SHIP services. If the beneficiary is deceased, information on the beneficiary's representative should be entered instead.

Enter as much of this information as you have available. Remember, as in the previous section the zip code must be 5 digits to avoid errors in saving the record. If a beneficiary telephone is entered, you must enter the area code and the phone number. The area code must be three digits and the phone number must be at least seven digits or the record will generate errors.

The next section of the form is labeled Section 2: Beneficiary Demographics. This section is required and must be completed. All questions are set to a default value of "Not Collected", but as in the previous section, you should enter as much information as possible. Only one choice can be made under each heading (age, gender, etc.) If the beneficiary's date of birth is entered, the date must be valid. If both a date of birth is entered and an age group is chosen, the date of birth entry overrides the age group.

The next section is labeled Section 3: Topics Discussed. **You may check all that apply, but at least one selection must be chosen or an error message will be generated.**

**Section 3: Topics Discussed (Check all that apply)**

**Prescription Assistance:** *Discussed*

- ☐ Plan Eligibility, benefit comparisons
- ☐ Low-income assistance - eligibility, benefit comparisons
- ☐ Enrollment/application assistance
- ☐ Claims/billing
- ☐ Appeals/quality of care/complaints

**Other Sources of Prescription Drug Coverage/Assistance**

- ☐ Medicare Approved Drug Discount Card
- ☐ State Pharmacy Assistance Program
- ☐ Union/Employer Plan
- ☐ Manufacture's Assistance Program
- ☐ Discount plans
- ☐ Other:

**Medicare (Parts A and B):** *Discussed*

- ☐ Enrollment, eligibility, benefits
- ☐ Claims/billing
- ☐ Appeals/quality of care/complaints

**Medicare Health Plans (HMOs, PPO's, PFFS, Special Needs Plans):** *Discussed*

- ☐ Enrollment, disenrollment, eligibility, comparisons
- ☐ Plan or benefit changes/non-renewals
- ☐ Claims/billing
- ☐ Appeals/quality of care/complaints

**Medicaid (enrollment, eligibility, benefits):** *Discussed*

- ☐ QMB/SLMB/QI
- ☐ Other Medicaid

**Medigap/Supplemental/SELECT:** *Discussed*

- ☐ Enrollment, eligibility, comparisons
- ☐ Change coverage
- ☐ Claims/appeals

**Other Topics:** *Discussed*

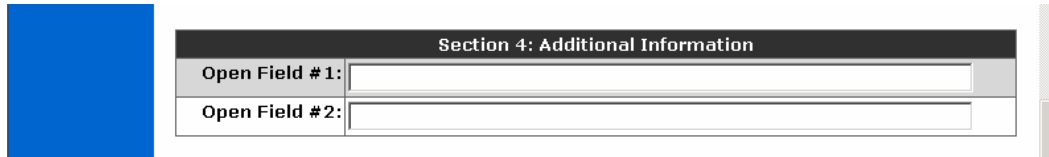
- ☐ Long-Term Care
- ☐ Fraud and Abuse
- ☐ Military Health Benefits
- ☐ Employer Health Plan or Federal Employee Health Benefits Program
- ☐ Customer Service issues/complaints
- ☐ Other:

If the topic discussed is not in the list, choose “Other” under the “Other Topics Discussed” and enter the topic in the box provided.

**Other Topics:** *Discussed*

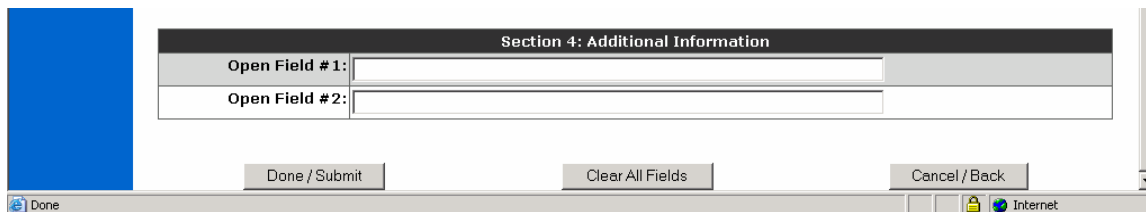
- ☒ Long-Term Care
- ☐ Fraud and Abuse
- ☐ Military Health Benefits
- ☐ Employer Health Plan or Federal Employee Health Benefits Program
- ☐ Customer Service issues/complaints
- ☐ Other:

If there is any additional information that you would like to enter about the case, but does not fit in any of the above sections, Section 4: Additional Information is available for your use. This section consists of two open fields that hold a limited number of characters.



Section 4: Additional Information	
Open Field #1:	<input type="text"/>
Open Field #2:	<input type="text"/>

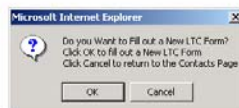
When you have completed the record, you are ready to save it. At the bottom of the client contact form screen are three buttons. To save the file, click “Done/Submit.” If for some reason you need to clear the whole form and start over again, click “Clear All Fields”, and if you wish to exit the record without saving it and return to the Client Contacts screen, click “Cancel/Back.”



Section 4: Additional Information	
Open Field #1:	<input type="text"/>
Open Field #2:	<input type="text"/>

Done / Submit      Clear All Fields      Cancel / Back

Once you click the “Done/Submit” button to save the form, you will be asked if you would like to fill out a LTC form. This form is the Long Term Care Awareness SHIP Encounter Form. Choose “Cancel” if you do not wish to complete the LTC Form, you will be returned to the client contact screen and your record will be complete. If you choose “OK” then the LTC Form will open for completion.



When the LTC form opens, some of the fields will already be populated based on information from the client's contact form. The information that is pre-filled will be shown in a different color (see picture below). If any of the pre-filled information is incorrect, you must change it on the client contact screen. Answer the questions in black to complete the LTC form.

**VDA**  
**Long Term Care Awareness SHIP Encounter Form**

Date: 8/8/2005  
Name of Contact: John Pope  
ZipCode: 12345

Age: ☐ Under 50 ☐ 50-59 ☐ 60-64 ☐ 65 - 74  
☒ 75 - 84 ☐ 85 or older ☐ Not Collected

Gender: ☐ Female ☐ Male ☒ Not Collected

Marital Status: ☐ Married ☐ Not Married ☐ Not Collected

Home Owner: ☐ Yes ☐ No ☐ Not Collected

Have Children: ☐ Yes ☐ No ☐ Not Collected

Education (check highest level attained)  
☐ High school graduate or less ☐ Some college ☐ College graduate ☐ Some graduate school or beyond ☐ Not Collected

Type of Contact: Date: 8/8/2005  
☒ Quick Call ☐ Telephone ☐ In-Person (site) ☐ In-Person (home) ☐ Email/fax/mail

Have you already received the LTC Planning Tool Kit ? ☐ Yes ☐ No ☒ Not Collected

Type of Client / Are you seeking information for:  
☒ Beneficiary (self) ☐ Couple ☐ Caregiver ☐ Agency

How did they hear about the campaign ?  
☐ TV ☐ RADIO ☐ MAIL ☐ OTHER ☐ Not Collected

Once you have completed the LTC form, you have three options. If you choose “Add”, you will be returned to the main contact menu so that you may add, edit, or delete another contact. This is the option to choose if you simply want to save the LTC form and continue working in the system. If you choose “Select Another Contact”, you will also be returned to the main contact menu, but the LTC Form **will not** be saved. If you choose “Contact Form”, you will be returned to the current client's contact record, but the LTC form **will not** be saved. This is the option to choose, if you find errors that need correcting in the pre-filled information.

**Primary LTC Topics of Interest (check all that apply but at least one):**

☐ LTC Insurance

☐ Reverse mortgages ☐ Service/Care Options

☐ Home modifications ☐ Medicare/Medicaid ☐ Legal issues

☐ Other LTC Finance options (e.g., annuities, life riders, viaticals, and others)

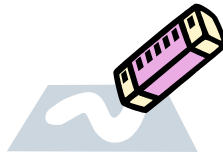
☐ Other (specify)

Once you have saved a client contact record, the “Clear All Fields” button will be replaced with a “Print Form” button. This will print the entire client contact form (but not the LTC form).

The screenshot shows a web browser window displaying a form titled "Section 4: Additional Information". The form contains two text input fields labeled "Open Field #1:" and "Open Field #2:". Below the form, there are three buttons: "Done / Submit", "Cancel / Back", and "Print Form". The browser's status bar at the bottom shows "Done" on the left and "Internet" on the right, with a lock icon in between.

**A blank Client Contact Form can be found in this manual for reference.**

## EDITING A CLIENT RECORD



If the information in a client contact needs to be edited, you can either choose the client's name by scrolling through the list on the Client Contact Screen or enter the name in the "Search for a Contact" box. As you type letters in the box, the list will sort accordingly. The more characters you enter the more you narrow in on the appropriate choice. Names are stored in: last name, comma, first name format. Once you locate the correct record click "Edit this Record." In edit mode there is a "Reset" button on both the initial and the multiple contact, which will clear out the contact information. Make any changes needed and click "Done/Submit" to save the record. While in edit mode the "Clear All Fields" button is disabled. If you need to start over on the record, delete the record first and then enter a new record for the client.

**VICAP SHIP: Contacts - Microsoft Internet Explorer**

Address: <https://www.nprmes.vda.virginia.gov/vicapship/contacts.asp>

**VICAP**  
Virginia Insurance Counseling and Assistance Program

**SHIP**  
State Health Insurance Information, Counseling and Assistance Program

National Performance Report and Medigap Enforcement System

Current Counselor/User: Vicki Volunteer (chapsa Password) Membership: VDA

**NPRMES Client Contacts**

Select a Contact:

- no listed name. (1/1/1900)
- no listed name. (1/1/1900)
- no listed name. (1/1/1900)
- no listed name. (1/1/1900)
- no listed name. (1/1/1900)

Search for a Contact:

Edit This Record Delete This Record

Add New Contact Record

Choose the client record for editing from the list or enter as much of the name as you need in the Search box, then click "Edit This Record."

## DELETING A CLIENT RECORD



To delete a record, you can either choose the client's name from the list on the Client Contact Screen or enter the name in the "Search for a Contact" box. Once the correct client record has been selected, click "Delete This Record."

VICAP SHIP: Contacts - Microsoft Internet Explorer

Address: https://www.nprmes.vda.virginia.gov/vicapship/contacts.asp

**VICAP** Virginia Insurance Counseling and Assistance Program  
**SHIP** State Health Insurance Information, Counseling and Assistance Program  
 National Performance Report and Medicaid Enforcement System

Current counselor/User: Vicki Volunteer (classroom) Membership: VDA

NPRMES Client Contacts

Select a Contact:

- no listed name, (1/1/1900)
- no listed name, (1/1/1900)
- no listed name, (1/1/1900)
- no listed name, (1/1/1900)
- no listed name, (1/1/1900)

Search for a Contact:

Edit This Record Delete This Record Add New Contact Record

Select client name and click "Delete This Record."

You will be asked to confirm your choice. Any records that are deleted are **permanently** deleted.

VICAP SHIP: Contact Form: Delete Contact - Microsoft Internet Explorer

Address: https://www.nprmes.vda.virginia.gov/vicapship/delcontact.asp?CKey=28207

**VICAP** Virginia Insurance Counseling and Assistance Program  
**SHIP** State Health Insurance Information, Counseling and Assistance Program  
 National Performance Report and Medicaid Enforcement System

Current Counselor/User: Vicki Volunteer (classroom) Membership: VDA

SHIP Client Contact Form: Delete Contact

**Confirm Delete**

You have chosen to delete the record for . Deleting this record is **permanent**. Are you sure you want to delete this record?

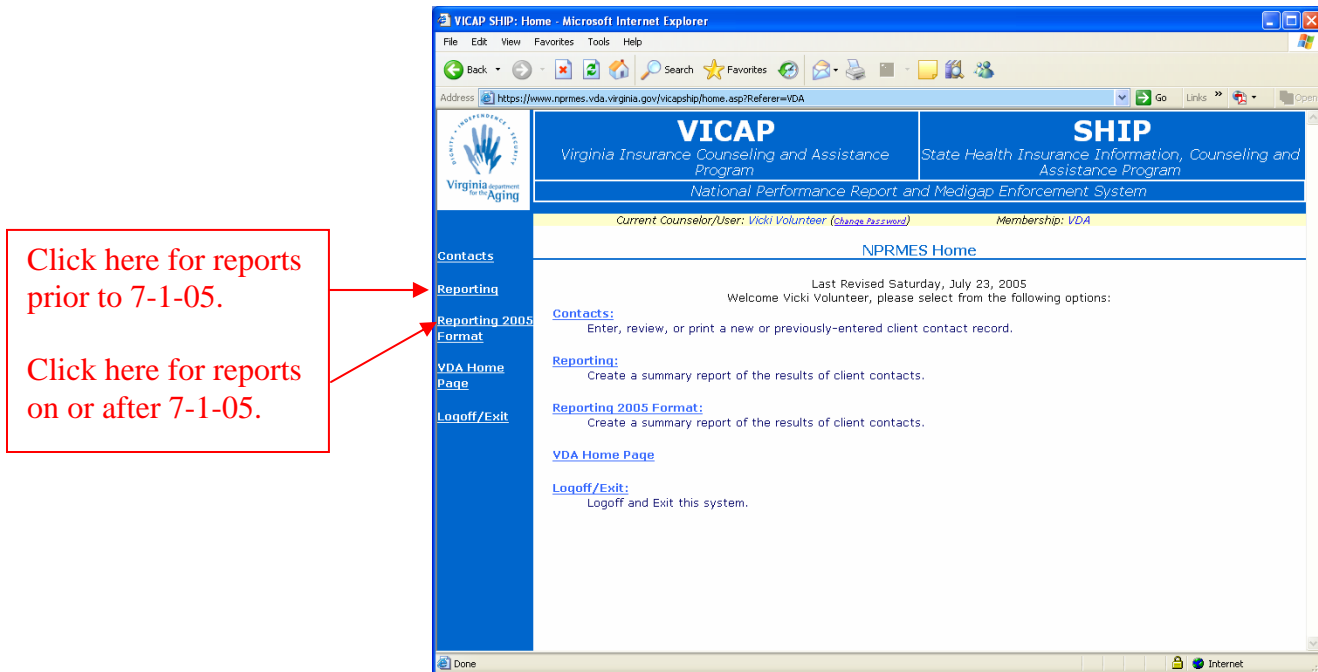
Delete Record Cancel



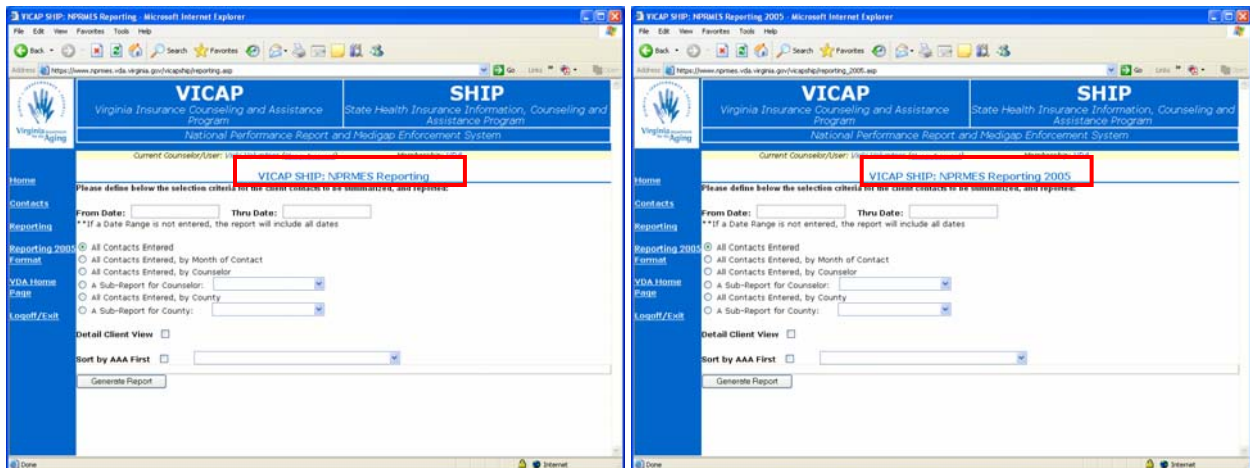
## REPORTING



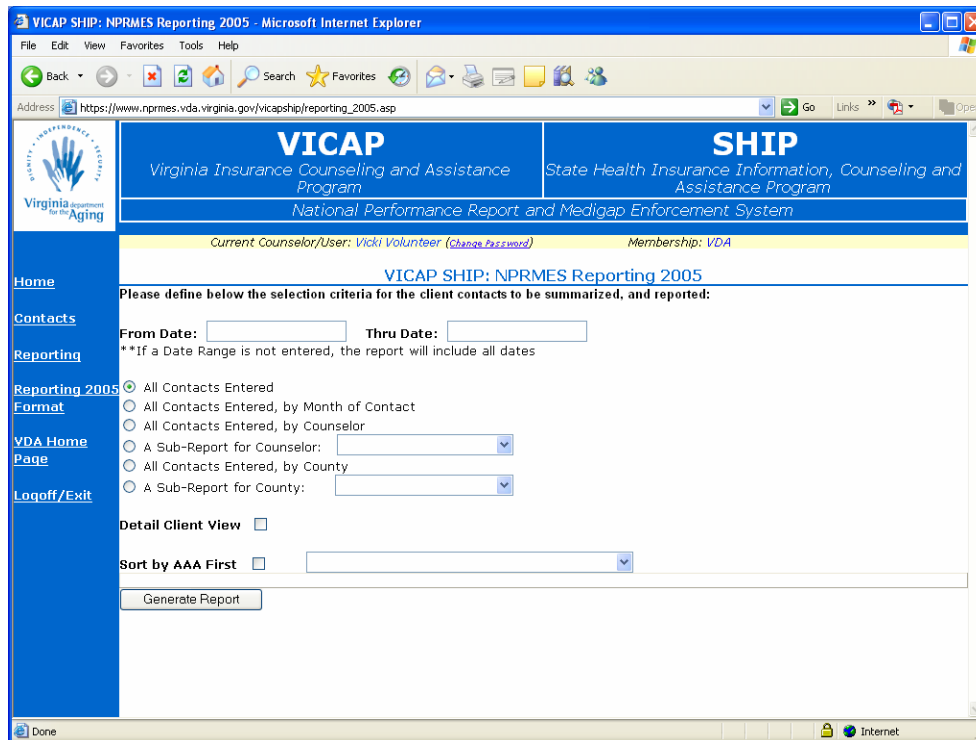
There are two links to the reports section of the NPRMES system, which one you choose depends on the date range of the report. If you wish to create a report on records that were created prior to July 1, 2005, then choose the “Reporting” link. If you wish to create a report on data that was collected on or after July 1, 2005, then choose the “Reporting 2005 Format” link. Clicking on either link will open the corresponding reports menu.



The reports available under each choice is the same, however if you choose the incorrect format, the report results will also be incorrect. The difference between the two reporting links is that the “Reporting 2005 Format” incorporates the changes made to SHIP reporting as of July 1<sup>st</sup>, 2005.



At the reports screen, you have several options for generating a report that shows the information presented in several ways, depending upon your needs. We will cover each option briefly. Copies of “sample” reports are included in this manual.



You have the option of entering a date range for your report. The system will accept either the – or / as a separating character between month, day, and year, and single digits for month and year. For example, both 4-1-04 and 4/1/04 are valid date entries. If you do not enter a date range, the report will include all records that meet the given criteria. The most recent dates are held in the reporting window, which allows you to run several different reports in the same session without having to re-enter the dates. If you need different dates you can overwrite the previous dates.

*All Initial Contacts Entered* – Displays a summary report of all initial contacts.

*All Contacts Entered by Month of Initial Contact* – Displays a summary report of initial contacts for the given period sorted by month. The last page of the report is a total page of all the months requested.

*All Initial Contacts Entered, by Counselor* – Displays a summary report of initial contacts sorted alphabetically by counselor. The last page of the report is a total page of all the counselors' contacts.

*A Sub-Report for Counselor* – Displays a summary report of initial contacts for a specific counselor, the counselor is chosen from the drop down menu.

*All Initial Contacts Entered, by County* – Displays a summary report of initial contacts sorted alphabetically by county.

*A Sub-Report for County* – Displays a summary report of initial contacts for a specific county, the county is chosen from the drop down menu.

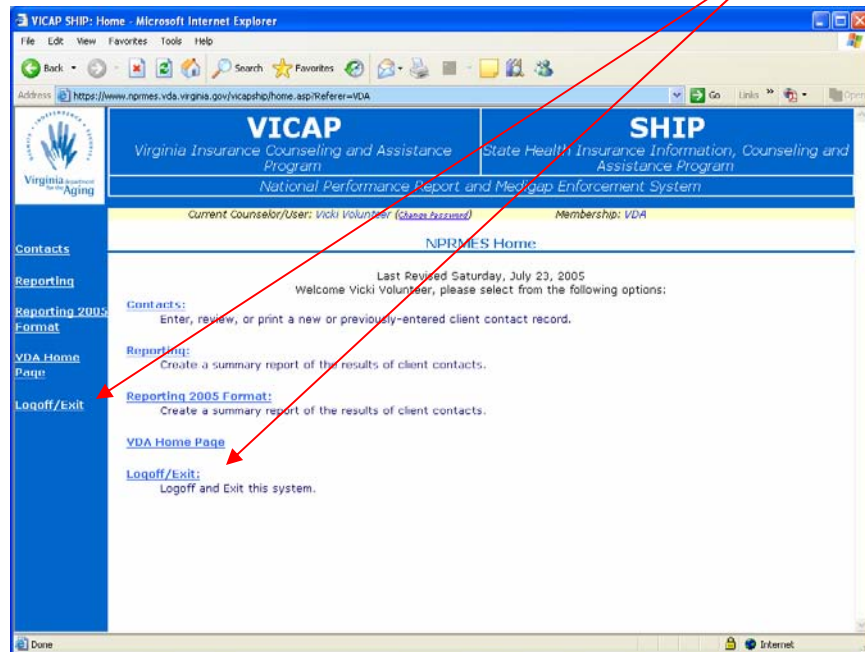
NOTE: All of the above reports are summary count reports. Summary reports include all clients, with the exception of counselor or county sub-reports. To generate detailed reports, click the *Detail Client View* button in combination with any of the above reports. The report will be presented by individual client name rather than a summary count. The detailed report includes: client name, counseling zip code, contact date, and counseling county.

Reports are displayed in a separate browser window. To print the report, click the “Send to Printer” button found at the top of the report screen. Simply close the window when you are done to return to the Reporting main menu.

## LOGGING OFF



To exit the system, click the Logoff/Exit button. This will take you back to the NPRMES home page. Users are automatically logged off after 20 minutes of inactivity.



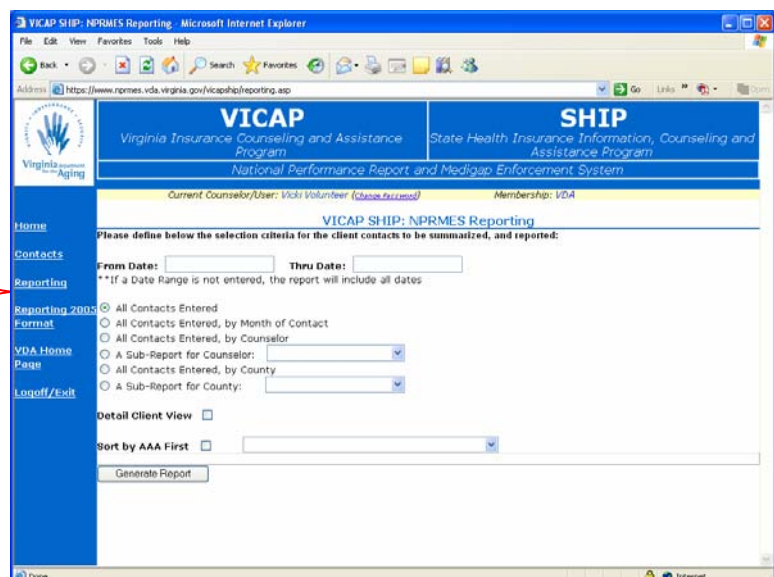
If you click the Home button from the Reporting or Contacts main menu, you are not returned to the NPRMES home page but rather back to a blank log on screen, where you will have to log on again to get back in the system. There are links to return to the Contacts or Reporting home pages.

Home – returns user to NPRMES home page, will have to log in again

Contacts – returns user to the Contacts home page, user can enter, edit, and delete contacts

Reporting – returns user to the Reporting home page

VDA Home Page – user will be redirected to the VDA website



**Blank Client Contact Form  
(Sample)**

**Counseling Location Zip Code:**

**Counseling County:** Select County

**How Did Client Learn About the Ship** *(check one)*

- ☐ CMS (1-800-Medicare, www.Medicare.gov, Medicare & You, CMS mailing)
- ☐ Presentation/Fairs
- ☐ State-specific mailing/brochures/posters
- ☐ Agency (senior org., disability org., Social Security)
- ☐ Friend/Relative
- ☐ Media (PSA, ad, newspaper, radio, ect.)
- ☐ Other:
- ☐ Not Collected

## Reset Initial

<b>Date:</b> <input type="text"/> <i>mm/dd/yyyy</i>	<b>Type of Contact:</b> <input type="radio"/> Quick Call (< 10 min) <input type="radio"/> Telephone <input type="radio"/> In-Person (site) <input type="radio"/> In-Person (home visit) <input type="radio"/> Email/fax/postal mail	<b>Time Spent:</b> Hours: <input type="text" value="0"/> Minutes: <input type="text" value="0"/>
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<b>Date:</b> <input type="text"/> <i>mm/dd/yyyy</i>	<b>Type of Contact:</b> <input type="radio"/> Quick Call (< 10 min) <input type="radio"/> Telephone <input type="radio"/> In-Person (site) <input type="radio"/> In-Person (home visit) <input type="radio"/> Email/fax/postal mail	<b>Time Spent:</b> Hours: <input type="text"/> Minutes: <input type="text"/>
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Beneficiary First Name:

**Beneficiary Last Name:**

**Beneficiary Zip Code:**

**Beneficiary** [REDACTED] [REDACTED]  
**Telephone #:** ###-###-#### x###

**Representative**   
**First Name:**   
**Last Name:**   
*(if applicable)*

**Section 2: Beneficiary Demographics****Is this his/her first contact with SHIP since April 1?****(If Yes, Complete this section. If No, skip to Section 3)** ☐ Yes | ☐ No**Age:**

Date of Birth:

  
(mm/dd/yyyy)**Or:**

- ☐ Under 50  
☐ 50-59  
☐ 60-64  
☐ 65 - 74  
☐ 75 - 84  
☐ 85 or older  
☒ not collected

**Gender:** ☐ Female

- ☐ Male  
☒ Not Collected

**Monthly Income:** ☐ Below 150% of FPL  
☐ At or greater than 150% of FPL  
☒ Not Collected

\$ **Disabled:** ☐ Yes

- ☐ No  
☒ Not Collected

**Ethnicity/Race:** ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African-American  
☐ Hispanic or Latino  
☐ Native Hawaiian or other Pacific Islander  
☐ White, Not Hispanic origin  
☐ Other:

☒ Not Collected**Section 3: Topics Discussed (Check all that apply)****Prescription Assistance: Medicare Prescription Drug Coverage (PDP/MA-PD)**

- ☐ Plan Eligibility, benefit comparisons  
☐ Low-income assistance - eligibility, benefit comparisons  
☐ Enrollment/application assistance  
☐ Claims/billing  
☐ Appeals/quality of care/complaints

**Other Sources of Prescription Drug Coverage/Assistance**

- ☐ Medicare Approved Drug Discount Card

- ☐ State Pharmacy Assistance Program
- ☐ Union/Employer Plan
- ☐ Manufacture's Assistance Program
- ☐ Discount plans
- ☐ Other:

**Medicare (Parts A and B):** *Discussed*

- ☐ Enrollment, eligibility, benefits
- ☐ Claims/billing
- ☐ Appeals/quality of care/complaints

**Medicare Health Plans (HMOs, PPO's, PFFS, Special Needs Plans):** *Discussed*

- ☐ Enrollment, disenrollment, eligibility, comparisons
- ☐ Plan or benefit changes/non-renewals
- ☐ Claims/billing
- ☐ Appeals/quality of care/complaints

**Medicaid (enrollment,eligibility,benefits)** *Discussed*

- ☐ QMB/SLMB/QI
- ☐ Other Medicaid

**Medigap/Supplemental/SELECT:** *Discussed*

- ☐ Enrollment, eligibility, comparisons
- ☐ Change coverage
- ☐ Claims/appeals

**Other Topics:** *Discussed*

- ☐ Long-Term Care
- ☐ Fraud and Abuse
- ☐ Military Health Benefits
- ☐ Employer Health Plan or Federal Employee Health Benefits Program
- ☐ Customer Service issues/complaints
- ☐ Other:

**Section 4: Additional Information****Open Field #1:** **Open Field #2:**



**Summary Report of All Initial Contacts Entered  
Prior to July 1, 2005 Format  
(Sample)**

**SHIP Summary Report of All Contacts Entered**  
**(Criteria: Contact Dates From 01/01/2005 through 01/31/2005)**

	<u>Cnt.</u>	<u>Pct.</u> <u>of All</u> <u>Forms</u>		<u>Cnt.</u>	<u>Pct.</u> <u>of All</u> <u>Forms</u>
<b>Number of Client Contact Forms</b>	<b>819</b>		<b>Section 3 - Topics Discussed</b>		
<b>Section 2 - Beneficiary Demographics</b>			<b>Medicare:</b>		
<b>Type of Client/Assistance by:</b>			Enrollment, eligibility, benefits	153	19%
Beneficiary (self)	669	82%	Claims/billing	39	5%
Couple	45	5%	Appeals/quality of care	7	1%
Caregiver	106	13%			
Agency	18	2%			
<b>Number of Quick Telephone Calls :</b>	26	3%			
<b>Total Client Contacts:</b>	<b>1004</b>		<b>Medigap/Supplement/SELECT:</b>		
<b>Type of Contact:</b>			Enrollment, eligibility, comparisons	154	19%
Telephone	777	77%	Plan or benefit changes/non-renewals	18	2%
In Person (site)	112	11%	Claims/billing	7	1%
In Person (Home Visit)	31	3%			
E-mail/Fax/Postal Mail	84	8%			
<b>Total Contact Time: 547 Hrs 7 Mins</b>					
<b>Beneficiary Age: Pre Under 65</b>	157	19%	<b>M+Choice (HMOs, PFFS, Mngd. Care):</b>		
Under 50 Years	0	0%	Enroll, disenroll, eligibility, compare	28	3%
50-59	2	0%	Plan or benefit changes/non-renewals	2	0%
60-64	4	0%	Claims/billing	5	1%
65-74	255	31%	Appeals/quality of care/grievances	2	0%
75-84	145	18%			
85 or Older	45	5%			
Not Collected	211	26%			
<b>Beneficiary Gender:</b>			<b>Medicaid:</b>		
Female	440	54%	QMB	40	5%
Male	234	29%	SLMB/QI-1	38	5%
Not Collected	145	18%	QI-2	3	0%
			SSI	1	0%
<b>Beneficiary Ethnicity/Race:</b>			Other Medicaid	62	8%
American Indian or Alaska Native	3	0%			
Asian	2	0%	<b>Long-Term Care Insurance:</b>	43	5%
Black or African-American	60	7%	<b>Prescription Drug Assistance:</b>	530	65%
Hispanic or Latino	4	0%			
Native Hawaiian, or other Pacific Islander	0	0%	<b>Other Topics:</b>		
White	339	41%	Medicare Fraud/Abuse	2	0%
Other	3	0%	Employer Health Plan	35	4%
Not Collected	408	50%	COBRA	7	1%
			Military health benefits	14	2%
<b>Beneficiary Income:</b>			Customer service issues/complaint	6	1%
Less than or equal to SLMB rate	165	20%	Other	104	13%
Greater than SLMB rate	293	36%			
Not Collected	361	44%	<b>Number of Coordinators:</b>	<b>#</b>	<b>Hrs</b>
			Volunteer Unpaid Coordinators	8	34.5
<b>Beneficiary Disabled:</b>			SHIP-Paid Coordinators	6	76.7
Yes	155	19%	In-kind Paid Coordinators	5	13.4
No	186	23%	NO STATUS	28	422.5
Not Collected	478	58%	Total Coordinators	47	547.1

**Summary Report of All Initial Contacts Entered  
on or after July 1, 2005 Format  
(Sample)**

**SHIP Summary Report of All Contacts Entered**  
**(Criteria: Contact Dates From 04/01/2006 through 04/30/2006)**

	<u>Cnt.</u>	<u>Pct.</u> <u>of All</u> <u>Forms</u>		<u>Cnt.</u>	<u>Pct.</u> <u>of All</u> <u>Forms</u>
<b>Number of Client Contact Forms</b>	<b>2966</b>		<b>Section 3 - Topics Discussed</b>		
<b>Section 2 - Beneficiary Demographics</b>			<b>Medicare Prescription Drug Coverage:</b>		
<b>Type of Client/Assistance by:</b>			Plan Eligibility, benefits comparisons	2345	79%
Beneficiary (self)	2577	87%	Low-income assistance - eligibility	984	33%
Couple	180	6%	Enrollment/application assistance	1510	51%
Caregiver	317	11%	Claims/billing	59	2%
Agency	31	1%	Appeals/quality of care/complaints	51	2%
<b>Total Client Contacts:</b>	<b>3589</b>		Medicare Approved Drug Discount Card	11	0%
<b>Type of Contact:</b>			State Pharmacy Assistance Program	59	2%
Quick Calls	66	2%	Union/Employer Plan	29	1%
Telephone	1756	49%	Manufacture's Assistance Program	100	3%
In Person (site)	1435	40%	Discount plans	4	0%
In Person (Home Visit)	64	2%	Other	11	0%
E-mail/Fax/Postal Mail	268	7%	<b>Medicare (Parts A and B):</b>		
<b>Total Contact Time: 3063 Hrs 46 Mins</b>			Enrollment, eligibility, benefits	100	3%
<b>Beneficiary Age:</b>			Claims/billing	14	0%
Under 50 Years	71	2%	Appeals/quality of care	4	0%
50-59	145	5%	<b>Medicare Health Plans (HMOs,PPO's):</b>		
60-64	116	4%	Plan or benefit changes/non-renewals	12	0%
65-74	885	30%	Claims/billing	5	0%
75-84	637	21%	Appeals/quality of care/grievances	2	0%
85 or Older	231	8%	<b>Medicaid:</b>		
Not Collected	881	30%	QMB/SLMB/QI	86	3%
<b>Beneficiary Gender:</b>			Other Medicaid	38	1%
Female	1721	58%	<b>Medigap/Supplement/SELECT:</b>		
Male	760	26%	Enrollment, eligibility, comparisons	136	5%
Not Collected	485	16%	Change coverage	24	1%
<b>Beneficiary Ethnicity/Race:</b>			Claims/appeals	4	0%
American Indian or Alaska Native	3	0%	<b>Other Topics:</b>		
Asian	7	0%	Long-Term Care	16	1%
Black or African-American	281	9%	Medicare Fraud/Abuse	3	0%
Hispanic or Latino	16	1%	Military health benefits	23	1%
Native Hawaiian, or other Pacific Islander	3	0%	Employer Health Plan	44	1%
White	1005	34%	Customer service issues/complaint	4	0%
Other	2	0%	Other	36	1%
Not Collected	1649	56%	<b>Client Learn About the Ship:</b>		
<b>Beneficiary Income:</b>			CMS	190	6%
Below 150% of FPL	555	19%	Presentations	96	3%
At or greater than 150% of FPL	892	30%	State-specific mailing	9	0%
Not Collected	1519	51%	Agency	1411	48%
<b>Beneficiary Disabled:</b>			Friend/Relative	184	6%
Yes	431	15%	Media	164	6%
No	1102	37%	Other	80	3%
Not Collected	1433	48%	Not Collected	0	0%
			<b>Number of Coordinators:</b>	<b>#</b>	<b>Hrs</b>
			Volunteer Unpaid Coordinators	27	324.2
			SHIP-Paid Coordinators	13	558.0
			In-kind Paid Coordinators	12	911.9
			NO STATUS	27	1,269.6
			Total Coordinators	79	3,063.7

**All Initial Contacts Entered  
Detail Report  
(Sample)**

**SHIP Detail Report****(Criteria: Contact Dates From 1-1-05 through 1-31-05)**

<b>Beneficiary Name</b>	<b>Zip Code</b>	<b>Contact Date</b>	<b>Counseling County</b>
Bosher, George	22301	7/8/2003	ALEXANDRIA
Brackett, Florence	22301	7/24/2003	ALEXANDRIA
Burley, Carlton	20109	7/29/2003	PRINCE WILLIAM CO.
Carson, Sarah	23970	7/31/2003	HALIFAX CO.
Chen, Anna	22405	7/11/2003	FREDERICKSBURG
Edwards, Howard	20175	7/12/2003	LOUDOUN CO.
Estes, Ellen	24609	7/16/2003	BUCHANAN CO.
Faulk, Lois	24609	7/18/2003	BUCHANAN CO.
Gilliam, Helen	20109	7/29/2003	PRINCE WILLIAM CO.
Harding, Gordon	24219	7/15/2003	LEE CO.
Hardy, Dennis	24609	7/15/2003	BUCHANAN CO.
Howell, Bessie	23219	7/18/2003	CHESTERFIELD CO.
Irby, Clifford	23970	7/30/2003	HALIFAX CO.
Leedes, Mary	20109	7/30/2003	PRINCE WILLIAM CO.
Moore, Bradley	23219	7/28/2003	CHESTERFIELD CO.
Munford, Charles	24112	7/17/2003	DANVILLE
Neal, Rita	24112	7/11/2003	DANVILLE
Palmore, Clayton	23970	7/29/2003	HALIFAX CO.
Peters, Hannah	24301	7/24/2003	MONTGOMERY CO.
Smith, Sally Sue	23059	7/8/2003	AMHERST CO.
Witherspoon, Handley	22701	7/29/2003	CULPEPER CO.

**Total Records For Report: 21**

**All Contacts Entered by Month of Initial Contact  
Detail Report  
(Sample)**

**SHIP Detail Report By Month of Initial Contact**  
**(Criteria: Contact Dates From 7-1-05 through 8-31-05)**

Beneficiary Name	Zip Code	Contact Date	Counseling County
<b>For Month: July 2005</b>			
Bosher, George	22301	7/8/2003	ALEXANDRIA
Brackett, Florence	22301	7/24/2003	ALEXANDRIA
Burley, Carlton	20109	7/29/2003	PRINCE WILLIAM CO.
Carson, Sarah	23970	7/31/2003	HALIFAX CO.
Chen, Anna	22405	7/11/2003	FREDERICKSBURG
Edwards, Howard	20175	7/12/2003	LOUDOUN CO.
Estes, Ellen	24609	7/16/2003	BUCHANAN CO.
Faulk, Lois	24609	7/18/2003	BUCHANAN CO.
Gilliam, Helen	20109	7/29/2003	PRINCE WILLIAM CO.
Harding, Gordon	24219	7/15/2003	LEE CO.
Hardy, Dennis	24609	7/15/2003	BUCHANAN CO.
Howell, Bessie	23219	7/18/2003	CHESTERFIELD CO.
Irby, Clifford	23970	7/30/2003	HALIFAX CO.
Leedes, Mary	20109	7/30/2003	PRINCE WILLIAM CO.
Moore, Bradley	23219	7/28/2003	CHESTERFIELD CO.
Munford, Charles	24112	7/17/2003	DANVILLE
Neal, Rita	24112	7/11/2003	DANVILLE
Palmore, Clayton	23970	7/29/2003	HALIFAX CO.
Peters, Hannah	24301	7/24/2003	MONTGOMERY CO.
Smith, Sally Sue	23059	7/8/2003	AMHERST CO.
Witherspoon, Handley	22701	7/29/2003	CULPEPER CO.

**Total Records for July 2005: 21**

<b>For Month: August 2005</b>			
Abernathy, Sidney	23922	8/28/2003	AMELIA CO.
Agnew, Linda	24501	8/5/2003	BEDFORD CO.
Beasley, Louise	23502	8/20/2003	ISLE OF WIGHT CO.
Bender, Gerald	23502	8/5/2003	ISLE OF WIGHT CO.
Chiles, Eugene	24354	8/1/2003	CARROLL CO.
Clark, Thomas	24354	8/6/2003	CARROLL CO.
Connors, Margaret	20175	8/6/2003	LOUDOUN CO.
Corbett, James	20175	8/15/2003	LOUDOUN CO.



**SHIP Detail Report By Month of Initial Contact**  
**(Criteria: Contact Dates From 7-1-05 through 8-31-05)**

**For Month: August 2005 (cont.)**

<b>Beneficiary Name</b>	<b>Zip Code</b>	<b>Contact Date</b>	<b>Counseling County</b>
Douglas, Francis	22301	8/1/2003	ALEXANDRIA
Dudley, Anne	23805	8/20/2003	PETERSBURG
Etheridge, Jesse	24501	8/15/2003	BEDFORD CO.
Farr, Ben	22980	8/15/2003	BATH CO.
Fletcher, Henry	23219	8/12/2003	CHESTERFIELD CO.
Gaines, Raymond	24501	8/15/2003	BEDFORD CO.
Iong, Wan	23175	8/18/2003	ESSEX CO.
Jacobs, Adelle	22405	8/14/2003	FREDERICKSBURG
Jones, Clyde	24038	8/1/2003	ALLEGHANY CO.
Kepley, James	22035	8/7/2003	FAIRFAX CO.
Kessler, Douglas	22035	8/7/2003	FAIRFAX CO.
Lowe, Elizabeth	23502	8/20/2003	ISLE OF WIGHT CO.
Riley, James	23805	8/19/2003	PETERSBURG
Seibold, Harry	22901	8/7/2003	CHARLOTTESVILLE
Seigel, Ida	23175	8/18/2003	ESSEX CO.
Stern, Gisela	22701	8/1/2003	CULPEPER CO.
Trent, Nelson	22901	8/15/2003	CHARLOTTESVILLE
Wistar, Ruth	22901	8/15/2003	CHARLOTTESVILLE

**Total Records for August 2005: 26**

**Total Records For Report: 47**